

Potensial Limited

Beaufort House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beaufort House is residential care home for up to six people with a learning disability and/or autistic spectrum condition. At the time of the inspection six people were using the service. The home is an adapted building in the centre of Redcar.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a small home, similar to a domestic style property. Six people were using the service. This is in line with current best practice guidance for small services accommodating six people or less. The layout and design of the service supported people to be independent. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People said they were happy at the home. Comments included, "I am happy. I feel safe in my home." The support from staff enabled people to lead fulfilled lives and remain safe. Care was very individualised and the risks to people were managed. There were always enough staff on duty to safely support people.

People were involved in menu planning and were positive about the menus. One person said, "I really enjoy the food. I get my favourite meals." People were supported with their health and they had choice in all aspects of their lives. Staff were very experienced and were supported to provide the right care to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were very caring. The ethos of the home was central to the approach which staff used. People were involved in all aspects of their care. Relatives were positive about the care provided, comments included, "We are happy with the staff and how they look after [person]. They are happy and that is the main thing."

People received care which reflected their needs, wishes and interests. Care records accurately reflected people's needs. People had lots of choice about the activities which they participated in. All knew how to raise a concern if they needed to.

The staff team worked very well together and were positive about the home. Staff said, "We are homely, caring and supportive. We want the best for residents and work to give them the best quality of life. We are a good staff team, we get on and pull together." Quality assurance measures demonstrated people received the best care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Beaufort House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Beaufort House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A new manager was in post. They started in September 2019 and had submitted an application to become registered with the Care Quality Commission. This means that they, along with the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Redcar and Cleveland local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with one relative over the telephone. We also spoke with five members of staff including the manager, area manager, one senior support worker and two support workers.

We reviewed a range of records. This included one person's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The care people received kept them safe. Staff were responsive to any potential risk of abuse and had taken timely action to minimise the risk of harm. People and relatives said the home was safe. Comments included, "[Person] is safe. I'm never worried. [Person] pleases themselves about what they do. I'm happy they are happy."
- Staff had followed the right procedures to safeguard people from abuse. Comprehensive investigations had been completed and information shared with the relevant professionals.

Assessing risk, safety monitoring and management

- Staff continually reviewed and responded to risk. People were encouraged to engage in positive risk taking. This increased people's independence and led them to try new things and visit new places.
- Staff support led to a reduction in people's behaviours which challenge. People's anxieties were well managed. Staff were quick to source the right support for people to manage their health conditions to prevent any deterioration.
- Records supported the management of risk. Staff had regularly reviewed these and updated as people's needs changed.
- Certificates were in place to maintain the building. People had participated in planned fire drills. We asked the manager to take action to ensure all staff had participated in a planned fire drill. This was completed following inspection.

Staffing and recruitment

- There were enough staff on duty all of the time. Staff had the right skills and experience to support people effectively.
- Staff were always visible. They had time to spend with people. Care was never rushed.
- Good procedures were in place to support safe recruitment.

Using medicines safely

- People received their medicines when they needed them. Medicines records had been fully completed. Checks of medicines had been carried out to show they were safely managed.
- Staff had received training to give people their medicines. Checks of staff practices had been regularly completed to make sure people remained safe.

Preventing and controlling infection

- The service was clean and tidy. Staff followed good infection control procedures and had completed

training in this area.

Learning lessons when things go wrong

- Staff understood their responsibilities to keep people safe. The correct procedures had been followed to report any accidents and incidents. These were regularly reviewed and analysed.
- Lessons had been learned at all levels. This contributed to the management of risk and ensured people remained safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were regularly reviewed. Staff had sought support from professionals and had acted upon recommendations to meet people's needs.
- Staff used technology to support people's routines. For example, an i-Pad computer was used to complete people's daily tasks. Staff inputted information into this computer about planned outings. This helped to reduce anxiety because they could use their i-Pad to reassure themselves of their routine each day.

Staff support: induction, training, skills and experience

- Staff were supported to deliver good care. They had received regular supervision, appraisal and training. Established staff supported new staff to develop the best skills to look after people.
- Staff demonstrated they had the right knowledge of people to provide effective support. A flexible approach was used to provide care to people. This was effective in managing people's health conditions as well as supporting their day-to-day activity.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutrition and hydration. Swallowing risks were regularly reviewed. Staff knew how to prepare food to manage any potential risk of choking.
- Equipment was in place to support people's nutritional intake. This included adapted cutlery and plate guards.
- People were involved in planning menus and shopping for food. People liked to help staff to prepare food and observed staff cooking. People said they enjoyed going shopping with staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had a very good understanding of people's needs. They worked together with professionals to provide timely support to manage people's health and well-being. Recommendations from professionals had been followed and regularly reviewed.
- People were supported to understand information about health conditions or potential treatment options. Staff were proactive in managing the challenges which people faced in accessing services because of their anxieties or health conditions.

Adapting service, design, decoration to meet people's needs

- The decoration of the home had been maintained. Further planned updates were due to take place. Staff had adapted the communal areas to minimise the risk of falls.

- People had large bedrooms. They were filled with furniture of their choice and personal possessions. A relative said, "[Person] is always buying things. They decide where they want to keep them in their room. Staff never touch them."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff followed the principles of the MCA. People were supported to make their own choices. Care records detailed the support people needed with decision making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were proactive in their care of people. They knew people well and were able to pick up on the smallest of changes. Staff said, "Our person-centred approach helps us to do this. We have really good bonds with the residents."
- People received excellent care. Staff were adaptable to people's changing needs. They were kind and compassionate to people. Comments from people included, "I am happy here. I like this home." And, "Staff are good. I like my room and going out."
- People and staff had good relationships. This enhanced the quality of care which people received. Staff spoke warmly about people. Staff said, "It's lovely to hear the residents laughing. There is always laughter here."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care. They were invited to give feedback about their care. Where changes had been made, care records had been updated.
- Staff knew how to access independent support for people to make decisions.
- Staff had the time they needed to get to know people. This helped people develop trusting relationships with staff, which in turn reduced their anxiety.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner. People said staff were there for them when they needed support. Where people had experienced stigma in their local community, staff supported people to deal with this. This helped people to build confidence and supported them to live fulfilled lives.
- People's independence was continually promoted. People were supported to complete activities of daily living, such as gardening and domestic activities. People had choice about how to spend their time and staff respected this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received excellent individualised care which met their needs. As a result, people were able to do all that they wanted to do. Staff said, "The progression we have made with residents has been massive. People are much more independent and willing to mix with others. People were positive when speaking about the quality of their lives and the support which they received.
- Care records reflected the good care which people received. These records had been reviewed and updated regularly. They were used to support staff during their induction.
- Staff were skilled at changing their approach to meet the needs of people. They worked together to ensure people's needs were continually met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff followed the AIS. People used picture boards and Apps on computers to communicate. Staffed talked through letters with people and shared important information with them to increase their understanding.
- Information about people's communication needs was detailed in their care records. New staff used these records and the knowledge from experienced staff to be able to communicate effectively with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had good access to the community. Staff said, "We are really good at community access for our residents." This included local leisure centres to go swimming or to the gym, the library and shops. Each week people decided where to go for a group outing. Recently, people had visited Beamish, the Sea life centre and Newcastle.
- People followed their own interests at the service. This included games, colouring in and watching television. Staff also carried out activities such as crafts and baking with people. People spoke positively about activities they were involved in.

Improving care quality in response to complaints or concerns

- People knew how to raise a concern with staff. They had discussed concerns with staff and these had been quickly resolved.

- Information about how to make a complaint was accessible to people and their families.

End of life care and support

- Staff were trained in end of life care. They knew people well enough to be able to deliver the care people would want and need in line with their preferences. No-one required this type of care during inspection.
- The manager recognised there was further work to do with record keeping in relation to end of life care. This included information relating to peoples wishes and preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff worked together to deliver excellent care to people. The flexible approach to care had led to positive outcomes for people. Staff said, "I would choose this home for my relative."
- The manager and staff encouraged each other to be the best they could be. They listened to one another and took on board feedback to improve the way they supported people to receive good care.
- Staff enjoyed working at the home. They were committed and had embraced the changes put in place by the manager. Staff said, "We've all come along as a team. We share new ideas and learn along the way."
- Leaders had the right knowledge and skills to deliver a good service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Quality monitoring supported the delivery of good care. All staff understood their roles and responsibilities in supporting people to live fulfilled lives.
- Staff were responsive to risk. They worked well together to ensure people could do all which they wanted to.
- Accidents and incidents were reviewed. Information was used to review how people were supported and to manage any potential risk of harm.
- Notifications about incidents taking place at the service had been submitted when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home had good links with the local community and people were well known. They had established good relationships with local cafes who understood people's needs. Staff in these establishments were responsive to people and this had helped to reduce their anxieties about visiting busy places.
- Staff were looking at how to increase links with the community. This included links with schools.
- Feedback was sought about how the home was run and experiences of care. Information was also shared with people and staff during meetings. These measures influenced how the service was run.

Working in partnership with others

- Staff worked well with health and social care professionals. Support had been obtained when needed and information shared when required. Where feedback from professionals had been given, staff reviewed this feedback and had made the necessary changes.